

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.:

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND. 4						
TOTAL DEP. 20						
TOTAL CLAIMS 24						

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